

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		<i>2/17/00</i>
O.I.P.E. CLASSIFIER	<i>mon</i>	<i>59</i>	<i>33-04-a</i>
FORMALITY REVIEW	<i>DMIL</i>	<i>69169</i>	<i>4-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	<i>8/12/00</i>
2	<i>8/12/00</i>
3	<i>8/12/00</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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